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TITLE: Rapid Ethnographic Community Assessment Process (RECAP) in Maricopa County, Arizona Community Members of Maricopa County

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BACKGROUND/OBJECTIVE: Maricopa County, Arizona experienced over 100% increase in primary and secondary syphilis between 1996 and 1998. It was discovered that syphilis disproportionately affected disenfranchised individuals and groups associated with high risk health behaviors. These individuals and groups included sex workers, homeless persons, jail inmates and migrant workers.

Because ulcerative stages of syphilis significantly increase the risk of HIV infection, new interventions were initiated by Maricopa Health Department. To reduce the spread of syphilis and HIV, Maricopa County Health Department provided a variety of services including neighborhood serological screening and health fairs.

As the United States now has the lowest rates of syphilis ever reported, focused efforts are being initiated to eliminate domestic transmission of syphilis in this country. Maricopa County, Arizona, with the assistance of the Division of STD Prevention at the Centers for Disease Control and Prevention conducted a rapid ethnographic assessment of community members. One aspect of the assessment process was to assess community members response to interventions to control and prevent syphilis infection.

METHODS: One of the instrument used to perform this rapid ethnographic community assessment process (RECAP), was an opened ended survey. Some questions were designed to determine community members knowledge of services provided by the Maricopa County Health Department. Community members were also asked questions about accessibility to health care delivery services. Public Health Advisors from CDC and Maricopa County Health Department visited areas of high morbidity and randomly surveyed community members. Over a period of three weeks qualitative data was collected.

RESULTS: Many of the community members were from disenfranchised population such as sex workers, drug abusers, homeless, transient and migrant workers. Many of these individuals had no knowledge of the Maricopa County Health Department and had become very dependant on health care delivery that came into their community in mobile vans. Some of the other factors that limited their access to health care were language barriers, inadequate public transit systems, limited financial resources and residential distance from health care delivery services. The health department response to recommendation addressing these barriers will be discussed.

CONCLUSIONS: In order to accommodate the clientele it is important that public health services become more visible within the community. It is equally important to assist those clients experiencing lack of accessibility to public health care.

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